

MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
APPLICANT'S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	1					
21	1					
22		1				
23	1					
24		1				
25	1					
26	1					
27		1				
28	1					
29	1					
30	1					
31	1					
32		1				
33		1				
34		1				
35		1				
36	1					
37		1				
38	1					
39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47	1					
48		1				
49		1				

*		*		*		*
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						